

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

REPORT #6

/48130/	DATA	/ASTI	ER MAINTE	NANCE R	EPORT		4800		RECEIV	P	TEPORI #6	
Complete the	nis report nis report	at the ti whenev	me of the reguler the instrum	lar monthly ent is service 15 days to th	preventive maded or repaired ne Breath Alc	aintenance i and whe ohol Progi	e check (not never it is p ram, DHSS.	t to exceed 35 da laced into servic		Day at 11:28 am, Mar 2	27, 2014	
Complete this report whenever the instrument is se Retain the original and send a copy within 15 days DATAMASTER SN 204080 NAME OF AGENCY Missouri State High								03/24/2014				
204080 Missouri State Fig					ngilita) i anoi			TIME OF INSPECTION 9:55 am				
Cape Gira	ardeau C	ounty .	lail		nd to be colic	factors or	if operating	within established	d limits.	(Write in observe	d values	
CHECKLIS	T; Place a	ı mark lı Jomark	n the box by ea ed items must	ch item ir fou be corrected	before using							
where determined.) Unmarked items must be corrected before using DIAGNOSTIC CHECK (PRINTOUT ATTACHED)							DATE AND TIME (from printout) 03/24/14 9:55 am					
OCCUPATED COMPUTED						Z DET	DETECTOR					
PROGRAM						FILTERS						
☑ HE	☐ HEATERS SAMPLE CHAMBER						QUARTZ STANDARD					
FLOW DETECTOR						Z CAL	☐ CALIBRATION					
	7 PUMP HIGH SPEED						PRINTER					
☐ INDIC/	ATOR LIG	HTS										
_			N SUPPLIER	Guth Labor	atories, Inc.		_ LOT # <u>1</u>	3290		ATE 10/29/201		
			°C ± 0.2°C) _		°C S	IMULATO	R SN	G11040	EXP. D	ATE <u>02/18/201</u>	5	
Run thr less. M	ree tests tark the bo	using a ox corre	standard solul sponding to th - MUST REAL	tion, All three e standard s D BETWEEN D BETWEEN	e tests must bookling olution being 10.095% ANE 10.076% ANE	oe within a used. (PF 0 0.105% 0 0.084%	:5% of the s RINTOUT AT INCLUSIVE INCLUSIVE		nd must	nave a spreau (
U 0.040% STANDARD - MUST READ TEST 1 ■ .098					BETWEEN 0.038% AND 0.042% INCLUSI TEST 2 ♥ .100			TEST 3 ☎ .100				
		TEST	A TINTAINA	_I TTACHED)								
INDICATE	THE NU	ABER ((PRINTOUT A	ESTS IN TH	E FOLLOWI	NG RANG	ES SINCE	THE LAST MAI	NTENAN	ICE REPORT:		
(DO NOT I	NCLUDE	SELF-	ADMINISTERI	D TESTS)						1		
REFUSAL	s 0	(004)	20	(.0509)	1	(.1014)	1	(.15-,19)	2	OVER .19	2	
LIST ANY NEW (USE OTHER S	PARTS AND	DESCRIBE ISARY).	ANY ALTERATION C	R MODIFICATION	THAT WAS MADE	TO RESTORE	THE INSTRUME	ENT TO OPERATE SATI	SFACTORILY	AND AITHU S2198F		
INSPECTI	NG OFF	9EA					PRINT FULL NA	i VME				
SIGNATURE A A A							Mark A. Winder TELEPHONE NUMBER					
TYPE II PERMIT NUMBER/EXPIRATION DATE 240082 03/07/2016 RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, M							(573) 840	0-9500	Sontices	Southeast Dis	trict Office	
RETURN CO	MPLETED S	REPORT	TO THE:	Breath Alcoh 2875 James Poplar Bluff,	: Bivd.	MO Depa	rtment of He	eaun and Senior	OGI VICOS		Fy8-1	



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

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Face This Side Down - This Edge in First

BAC DataMaster Evidence Ticket

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Operator Signature

BAC DataMaster Evidence Ticket

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Operator Signature__